

**Attorney's Docket No.**  
**4925-309**

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

## METHOD AND DEVICE FOR TRANSFERRING DATA OVER GPRS NETWORK

**[x] is attached hereto**

□ was filed as United States application

Serial No.

on

and was amended

on \_ (if applicable).

□ was filed as PCT international application

Number

on

and was amended under PCT Article 19

on \_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

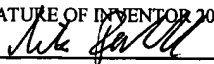
I acknowledge the duty to disclose information which is material to the patentability of the application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

**PRIOR FOREIGN/PCT APPLICATIONS AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:**

[illegible]

|   |                        |  |  |  |
|---|------------------------|--|--|--|
| <b>Combined Declaration for Patent Application and Power of Attorney (Continued)</b><br>(Includes Reference to PCT International Applications)  |                        |  |  | <b>Attorney's Docket No.</b><br><b>4925-309</b>  |
| <b>POWER OF ATTORNEY:</b> As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) at <i>Cohen, Pontani, Lieberman &amp; Pavane</i> to prosecute this application and transact all business in the Patent and Trademark Office connected therewith<br><p style="text-align: center;"><b>Customer number 27799</b></p>  |                        |  |  |  |
| Send correspondence to <i>Cohen, Pontani, Lieberman &amp; Pavane</i> at the address for the following customer Number: <b>27799</b>   |                        |  |  | Direct Telephone calls to:<br>(name and telephone number)<br><b>Michael C. Stuart</b><br><b>(212) 687-2770</b> |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under §1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon. |                        |  |  |  |
| <b>201</b>  | FULL NAME OF INVENTOR  | FAMILY NAME<br><b>FORSSELL</b>             | FIRST GIVEN NAME<br><b>Mika</b>            | SECOND GIVEN NAME  |
|   | RESIDENCE, CITIZENSHIP | CITY<br><b>Espoo</b>                       | STATE OR FOREIGN COUNTRY<br><b>Finland</b> | COUNTRY OF CITIZENSHIP<br><b>Finland</b>   |
|   | POST OFFICE ADDRESS    | POST OFFICE ADDRESS<br><b>Korpimaa 3 I</b> | CITY<br><b>Espoo</b>                       | STATE & ZIP CODE/COUNTRY<br><b>FIN-02300 Finland</b>   |
| <b>202</b>  | FULL NAME OF INVENTOR  | FAMILY NAME                                | FIRST GIVEN NAME                           | SECOND GIVEN NAME  |
|   | RESIDENCE, CITIZENSHIP | CITY                                       | STATE OR FOREIGN COUNTRY                   | COUNTRY OF CITIZENSHIP   |
|   | POST OFFICE ADDRESS    | POST OFFICE ADDRESS                        | CITY                                       | STATE & ZIP CODE/COUNTRY   |
| <b>203</b>  | FULL NAME OF INVENTOR  | FAMILY NAME                                | FIRST GIVEN NAME                           | SECOND GIVEN NAME  |
|   | RESIDENCE, CITIZENSHIP | CITY                                       | STATE OR FOREIGN COUNTRY                   | COUNTRY OF CITIZENSHIP   |
|   | POST OFFICE ADDRESS    | POST OFFICE ADDRESS                        | CITY                                       | STATE & ZIP CODE/COUNTRY   |
| <b>204</b>  | FULL NAME OF INVENTOR  | FAMILY NAME                                | FIRST GIVEN NAME                           | SECOND GIVEN NAME  |
|   | RESIDENCE, CITIZENSHIP | CITY                                       | STATE OR FOREIGN COUNTRY                   | COUNTRY OF CITIZENSHIP   |
|   | POST OFFICE ADDRESS    | POST OFFICE ADDRESS                        | CITY                                       | STATE & ZIP CODE/COUNTRY   |
| <b>205</b>  | FULL NAME OF INVENTOR  | FAMILY NAME                                | FIRST GIVEN NAME                           | SECOND GIVEN NAME  |
|   | RESIDENCE, CITIZENSHIP | CITY                                       | STATE OR FOREIGN COUNTRY                   | COUNTRY OF CITIZENSHIP   |
|   | POST OFFICE ADDRESS    | POST OFFICE ADDRESS                        | CITY                                       | STATE & ZIP CODE/COUNTRY   |
| <b>206</b>  | FULL NAME OF INVENTOR  | FAMILY NAME                                | FIRST GIVEN NAME                           | SECOND GIVEN NAME  |
|   | RESIDENCE, CITIZENSHIP | CITY                                       | STATE OR FOREIGN COUNTRY                   | COUNTRY OF CITIZENSHIP   |
|   | POST OFFICE ADDRESS    | POST OFFICE ADDRESS                        | CITY                                       | STATE & ZIP CODE/COUNTRY   |

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|--|---------------------------|---|
| <b>Combined Declaration for Patent Application and Power of Attorney</b><br>(Includes Reference to PCT International Applications) |                           | <b>Attorney's Docket No.</b><br><b>4925-309</b> |
| SIGNATURE OF INVENTOR 201<br>                     | SIGNATURE OF INVENTOR 202 | SIGNATURE OF INVENTOR 203                       |
| DATE<br>4.12.2003  | DATE                      | DATE  |
| SIGNATURE OF INVENTOR 204  | SIGNATURE OF INVENTOR 205 | SIGNATURE OF INVENTOR 206                       |
| DATE   | DATE                      | DATE  |
| Additional inventor(s) name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No         |                           |   |